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PTO/SB/21 (08-00)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/427,447	
	Filing Date	30 June 03 / 0-27-99	
	First Named Inventor	Alex. G. SZYNALSKI	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	Goen Seminars

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks This I.D.S. pertains to a Reissue Application, the serial number of which has not yet been assigned. If you cannot locate the case, please telephone me. Thank you.		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Pharmaceutical Patent Attorneys, LLC Pohl & Assoc.
Signature	<i>J. M. POHL</i>
Date	See below date
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text" value="see below date"/>	
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Signature	<i>J. M. POHL</i>
Date	28 July 2003

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FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$180.00)**Complete if Known**

Application Number	09/427,447
Filing Date	30 jun 03
First Named Inventor	Alex. G. SZYNALSKI
Examiner Name	
Group Art Unit	
Attorney Docket No.	Goen Seminars

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METHOD OF PAYMENT

- 1.
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- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

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Name☐ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

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Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	0.00
106 330	206 165	Design filing fee	0.00
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	0.00

SUBTOTAL (1) (\$0.00)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
0	-20** = 0	9.00	0.00
6	-3** = 3	42.00	0.00
Multiple Dependent			0.00

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 400	216 200	Extension for reply within second month	0.00
117 920	217 460	Extension for reply within third month	0.00
118 1,440	218 720	Extension for reply within fourth month	0.00
128 1,960	228 980	Extension for reply within fifth month	0.00
119 320	219 160	Notice of Appeal	0.00
120 320	220 160	Filing a brief in support of an appeal	0.00
121 280	221 140	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,280	241 640	Petition to revive - unintentional	0.00
142 1,280	242 640	Utility issue fee (or reissue)	0.00
143 460	243 230	Design issue fee	0.00
144 620	244 310	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Processing fee under 37 CFR 1.17(g)	0.00
126 180	126 180	Submission of Information Disclosure Statement	180.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179 740	279 370	Request for Continued Examination (RCE)	0.00
169 900	169 900	Request for expedited examination of a design application	0.00

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$180.00)**SUBMITTED BY**

Name (Print/Type)	Mark POHL
Signature	<i>Mark POHL</i>

Registration No.	35,325
(Attorney/Agent)	

Complete (if applicable)

Telephone	(973) 984-0976
Date	28 July 03

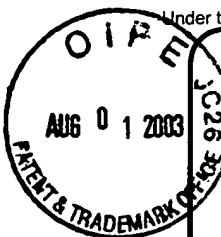
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Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	1	of
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Complete if Known

Application Number	
Filing Date	30 June 03
First Named Inventor	Alex. G. SZYNALSKI
Group Art Unit	
Examiner Name	
Attorney Docket Number	Goen Seminars

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T2
		A. Goen Seminars, "Stop Smoking Workbook" (1995) (A. Goen Seminars Inst., Inc., Hackensack NJ, publ.)	
		A. Goen Seminars, "Success Journal" (1996) (A. Goen Seminars Inst., Inc., Hackensack NJ, publ.)	
		A. Goen Seminars, "Stop Smoking Workbook" (1997) (A. Goen Seminars Inst., Inc., Hackensack NJ, publ.)	
		Gorayeb Seminars, Inc., "Stop Smoking Workbook" (1998) (Gorayeb Seminars, Inc., Hibernia NJ, publ.) (annotated as property of "Ed Warren 9-14-99")	
		Gorayeb Seminars, Inc., "Stop Smoking Workbook" (1998) (Gorayeb Seminars, Inc., Hibernia NJ, publ.) (annotated as property of "Kelli Pettry")	
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¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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